



PATIENT
Buddy Clancy

PRESENTING CLINICAL SIGNS

History: Recheck echo. History systemic hypertension, controlled with Amlodipine 2.5mg, 1/2t SID. Buddy is doing well with no clinical issues.

-Pertinent previous echo findings (10/7/22 MML): LA 1.1 cm, LA: Ao 1.1, LV 1.5 cm, IVS 0.5 cm, PW 0.63 cm. Normal LA size, focal free wall LV thickening.

SPECIES
Feline

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and Doppler imaging is available.

BREED
DSH

Left ventricle: The LV diameter is normal with adequate myocardial function. The LV wall thicknesses are largely normal with a borderline free wall thickening. There is a diffusely hyperechoic endocardium consistent with mild fibrosis. The papillary muscles are mildly remodeled and hyperechoic.

SEX
Male Neutered

Left atrium: The left atrium is normal. No obvious spontaneous contrast or thrombi seen.

Mitral valve: The mitral valve is normal in structure and mobility. No obvious systolic anterior motion is seen. No MR.

AGE
7 years

Aortic valve/Aorta: The aortic valve is normal in morphology and mobility. Mildly elevated aortic outflow velocity. No aortic insufficiency.

Right ventricle: Normal right ventricular diameter and morphology indicating no overt evidence of pulmonary arterial hypertension.

Right atrium: The right atrium is normal in dimension.

WEIGHT
11.7lbs

Tricuspid valve: The tricuspid valve appears normal with no tricuspid regurgitation.

Pulmonic valve/Pulmonary artery: The pulmonic valve is normal in morphology and mobility. No pulmonic insufficiency. Normal RVOT velocity.

Pericardium/other: No pericardial or pleural effusion noted. No obvious cardiac masses.

INTERPRETED BY

Heart rhythm: ECG reveals a sinus rhythm with an average HR of 166bpm.

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

2-Dimensional Measurements

Doppler Measurements

Ao diam (cm)	1.0
LA diam (cm)	1.2
LA:Ao (Swe)	1.2
IVS thickness (cm)	0.46
LVID diastole (cm)	1.7
PW thickness (cm)	0.56
LVID systole (cm)	0.9
FS (%)	47

PV Vmax (m/s)	1.1
AoV Vmax (m/s)	2.0
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

IMAGING PERFORMED BY

Pamela Harrigan,
RDMS

HOSPITAL NAME

Wood River Animal
Hospital

REFERRING VET

Dr. Schuelke

INTERPRETATION OF THE FINDINGS

Persistently stable disease is identified in this study, The LV wall thickness is actually slightly improved comparatively, and no additional pathology is appreciated. The LA remains normal, indicating low risk for complication.

INVOICE
30385

Prognosis remains guarded, although a lack of progression is certainly encouraging. The patient is notably azotemic and pseudohypertrophy may also be contributing.

DATE
4/21/23

RECOMMENDATIONS

- Given these findings, no medications are indicated.
- Monitor BP and T4 every 6 months.
- Continue Amlodipine, screen for PLN, etc. and monitor BP every 6 months.



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INTERPRETED BY
 Maggie Machen
 Lamy, DVM
 DACVIM (Cardiology)

IMAGING PERFORMED BY
 Pamela Harrigan,
 RDCS

HOSPITAL NAME
 Wood River Animal
 Hospital

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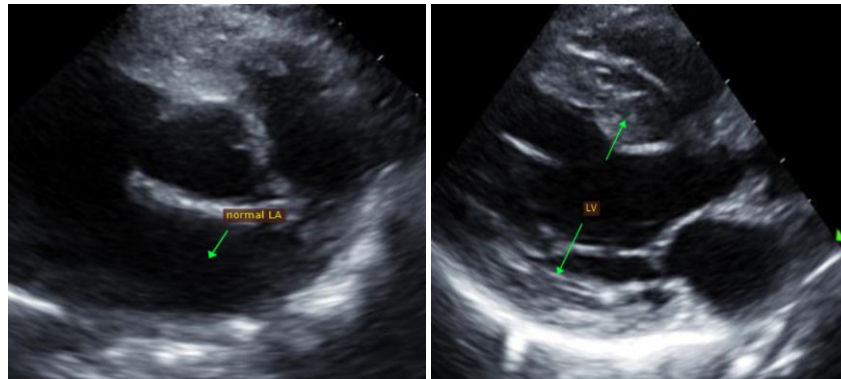
DATE
 4/21/23

- Anesthetic risk is considered mildly elevated, with risk for fluid overload, spontaneous CHF, hypotension, etc. Judicious IV fluid rates are advised to avoid fluid overload. Drugs that stimulate heart rate should be avoided unless clinically necessary (glycopyrrolate, atropine). Avoid ketamine, telazol, acepromazine and Dexdomitor. A reasonable protocol includes opioid/benzodiazepine premedication, propofol induction, and isoflurane maintenance.
- Monitor for any clinical evidence of cardiac compromise, including respiratory changes and/or signs of a blood clot event (paralysis, neurologic changes, etc.).

PLAN

- Recommend recheck echocardiogram annually, sooner if clinical signs arise in the interim.

IMAGES



The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. This report was generated using transcription software, and minor dictation errors may be present. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance, please contact me.

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Echocardiogram performed by: Pamela Harrigan, RDCS
 Pet Animal Ultrasound Service (4paus.com)